

Fill in this information to identify the case:

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON**

Debtor 1 **Brenda kay** **Lee**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

Case number: **08-30961 - thp7** ^{BS}

BANKRUPTCY COURT
DISTRICT OF OREGON

Submit application and
supporting documents to:

2022 SEP 15 PM 3:27
U.S. Bankruptcy Court
1050 SW 6th Ave. #700
Portland, OR 97204
LOGGED _____ REC'D _____
PAID _____ DOCKETED _____

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

~~2,631.76~~ \$ 2,299.97 ^{BS}

Claimant's Name:

Brenda Lee

Claimant's Current Mailing
Address, Telephone Number,
and Email Address:

**101 Madison ave. apt..3b Astoria, Oregon 97103
phone 503 470-0729 email leebrenda791@gmail.com**

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions at <https://www.orb.uscourts.gov/unclaimed-funds> for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

United States Attorney
Attn: Civil Process Clerk
1000 SW 3rd Ave. #600
Portland, OR 97204

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 09/14/22 *BL*

Brenda Lee

Signature of Applicant

Brenda Lee

Printed Name of Applicant
Brenda Kay Lee

**101 Madison ave. apt.3b Astoria, Oregon
97103**

Address:

Telephone: **503 470-0729**

Email: **leebrenda791@gmail.com**

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone: _____

Email: _____

6. Notarization

STATE OF Oregon

COUNTY OF Clatsop

This Application for Unclaimed Funds, dated 9/14/2022, was subscribed and sworn to before me this

14th day of September, 2022 by Brenda Kay Lee

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is subscribed to the within instrument.

WITNESS my hand and official seal.

Notary Public: *Jeffrey Allen Greeley*

My commission expires: 7 March 2023

(SEAL)

